

CITY OF CHICAGO

10/10/2012

PHSA (Formerly known as COBRA) RATES

EFFECTIVE JANUARY 1, 2013

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$618.58	\$1,104.67	\$1,549.43
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$204.15	\$397.73	\$650.84
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$445.44	\$897.98	\$1,314.56
COMPBENEFITS DENTAL HMO	\$16.08	\$37.09	\$37.09
COMPBENEFITS DENTAL PPO	\$13.79	\$26.91	\$46.92
VISION ONLY	\$3.07	\$6.14	\$9.21